

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FLING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1						51								
2	1						52								
3	1						53								
4	1						54								
5		4					55								
6		4					56								
7		4					57								
8		4					58								
9		0	0				59								
10		0					60								
11		0					61								
12		0					62								
13		0					63								
14		0					64								
15		0					65								
16		0					66								
17		0					67								
18		0					68								
19		0					69								
20		0					70								
21		0					71								
22		0					72								
23		0					73								
24		0					74								
25		0					75								
26		0					76								
27		0					77								
28		0					78								
29		0					79								
30		0					80								
31		0					81								
32		0					82								
33		0					83								
34		0					84								
35		1					85								
36		1					86								
37		1					87								
38		0					88								
39		1					89								
40		1					90								
41		1					91								
42		1					92								
43		0					93								
44		0					94								
45		0					95								
46		0					96								
47	1						97								
48		0					98								
49							99								
50							100								
TOTAL IND.	5						TOTAL IND.								
TOTAL DEP.	55						TOTAL DEP.								
TOTAL CLAIMS	60						TOTAL CLAIMS								